2512 NEW PINE DRIVE

ALTOONA 54720 Phone: (715) 833-0400	)	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	95	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	96	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	89	Average Daily Census:	90

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Pri mary Di agnosi s	%	Age Groups	% <u> </u>	Less Than 1 Year	41. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	4.5	More Than 4 Years	13. 5
Day Services	No	Mental Illness (Org./Psy)	25. 8	65 - 74	6. 7		
Respite Care	No	Mental Illness (Other)	3. 4	75 - 84	38. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	41.6	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	9.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	4. 5	İ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	2. 2		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 1	65 & 0ver	95. 5		
Transportati on	No	Cerebrovascul ar	11. 2			RNs	9. 3
Referral Service	No	Di abetes	2. 2	Sex	%	LPNs	5. 7
Other Services	No	Respi ratory	4. 5		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	36. 0	Male	27. 0	Ai des, & Orderlies	35. 4
Mentally Ill	No	İ		Femal e	73. 0		
Provi de Day Programming for		İ	100.0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	4. 3	115	0	0. 0	0	25	96. 2	127	0	0. 0	0	0	0. 0	0	27	30. 3
Skilled Care	14	100. 0	294	41	89. 1	100	3	100. 0	127	1	3.8	127	0	0.0	0	0	0.0	0	59	66. 3
Intermediate				3	6. 5	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		46	100.0		3	100. 0		26	100.0		0	0.0		0	0.0		89	100. 0

OAKWOOD VILLA

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi t	ions, Services,	and Activities as of 12/	/31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2.8	Bathi ng	0.0		82. 0	18. 0	89
Other Nursing Homes	3.4	Dressi ng	9. 0		77. 5	13. 5	89
Acute Care Hospitals	88. 8	Transferring	21. 3		60. 7	18. 0	89
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 9		<b>56.</b> 2	27. 0	89
Rehabilitation Hospitals	0.0	Eating	38. 2		51. 7	10. 1	89
Other Locations	2. 2	**************	******	*****	******	*********	******
Total Number of Admissions	179	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	12. 4		Respi ratory Care	7. 9
Private Home/No Home Health	22.0	Occ/Freq. Incontinent	of Bladder	53. 9	Recei vi ng 7	Tracheostomy Care	0. 0
Private Home/With Home Health	28. 6	Occ/Freq. Incontinent	of Bowel	33. 7	Receiving S		0. 0
Other Nursing Homes	2. 2	<u>-</u>			Receiving (	Ostomy Care	5. 6
Acute Care Hospitals	3. 3	Mobility			Recei vi ng 7	Tube Feedi ng	5. 6
Psych. HospMR/DD Facilities	0.0	Physically Restrained	ł	12. 4	Receiving M	Mechanically Altered Diets	27. 0
Rehabilitation Hospitals	0.0				· ·	•	
Other Locations	14. 3	Skin Care			Other Resider	nt Characteristics	
Deaths	29. 7	With Pressure Sores		3. 4	Have Advance	ce Directives	76. 4
Total Number of Discharges		With Rashes		2. 2	Medi cati ons		
(Including Deaths)	182	ĺ			Receiving I	Psychoactive Drugs	50. 6
-		•			•	-	

Ownership: Bed Size: Li censure: 50-99 Al l Thi s Propri etary Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 93.8 82.7 1. 13 85. 1 1. 10 84.3 1.11 84. 6 1. 11 Current Residents from In-County 87. 6 82. 1 1.07 80.0 1. 10 82. 7 1.06 77. 0 1. 14 Admissions from In-County, Still Residing 19.0 18.6 1.02 20.9 0.91 21.6 0.88 20.8 0.91 Admissions/Average Daily Census 198.9 178.7 1. 11 144. 6 1.38 137. 9 1.44 128. 9 1.54 Discharges/Average Daily Census 202.2 179.9 1. 12 144. 8 1.40 139. 0 130.0 1.56 1.46 Discharges To Private Residence/Average Daily Census 102. 2 76. 7 1.33 60.4 1.69 55. 2 1.85 52.8 1.94 Residents Receiving Skilled Care 96. 6 93.6 1.03 90. 5 1.07 91.8 1.05 85. 3 1.13 Residents Aged 65 and Older 95. 5 93. 4 1.02 94. 7 1.01 92. 5 87. 5 1.03 1.09 Title 19 (Medicaid) Funded Residents 51.7 63.4 0.82 58. 0 0.89 64.3 0.80 68. 7 0.75 Private Pay Funded Residents 29. 2 23.0 32.0 0.91 25.6 22.0 1. 27 1. 14 1. 33 Developmentally Disabled Residents 0. 7 0.00 0. 9 0.00 1. 2 7. 6 0.00 0.0 0.00 Mentally Ill Residents 29. 2 30. 1 0.97 33.8 0.86 37. 4 0.78 33. 8 0.86 General Medical Service Residents 36. 0 23.3 1.54 18. 3 1.96 21. 2 1.70 19. 4 1.85 49.3 Impaired ADL (Mean) 50.3 48.6 1.04 1.05 49.6 1.02 48. 1 1.01 Psychological Problems 50.6 50.3 1.01 51.0 0.99 54. 1 0.93 51. 9 0.97 Nursing Care Required (Mean) 1.04 6. 5 6. 2 6. 0 1. 07 6. 5 0. 99 7. 3 0.88